

OHIO CIVIL RIGHTS COMMISSION  
CHARGE OF DISCRIMINATION  
EMPLOYMENT

Agency Use Only

☒ FEPA  
☒ EEOC

CHARGE NUMBER: (Agency Use Only)  
(DAY) B6 (20430) 04172009

Completely Fill in the Following

Matthew T. Fortkamp  
Name of Charging Party (First Middle Last)  
6797 Silver Lakes Drive  
Address  
Celina Ohio 45822 Mercer  
City State Zip Code County  
419-586-2912  
Telephone Number  
Dec. 4, 2008; January 28, 2009; and March 27, 2009  
Date(s) of Discrimination

City of Celina  
Name of Company  
426 W. Market Street  
Address  
Celina Ohio 45822 Mercer  
City State Zip Code County  
419-586-2311  
Telephone Number  
50 plus May 1999  
Total Number of Employees Date of Hire

I believe I was discriminated against because of my: (Please identify)

- ☐ Race/Color  
☐ Sex  
☒ Disability  
☐ Military Status  
☐ Age (Over 40 years old only - List Date of Birth)
- ☐ Religion  
☐ National Origin/Ancestry  
☐ Retaliation

FOR AGE CASES ONLY: I have not commenced any action under sections 4112.14 or 4112.02(N), Revised Code with respect to the subject matter of the affidavit. I understand that upon filing of this charge with the Ohio Civil Rights Commission, I am barred from instituting any such civil action and that any monetary award or financial benefit I may receive may be limited to back pay and/or restoration of employment fringe benefits and may not include other damages to which I may be entitled as a result of such civil action.

Type of Discrimination:

- ☐ Demotion  
☒ Failure to Hire  
☐ Layoff  
☐ Other (Specify)
- ☐ Discharge/Termination  
☐ Forced to Resign  
☐ Promotion
- ☐ Discipline  
☐ Harassment/Sexual Harassment  
☐ Reasonable Accommodation

Please write a brief but detailed statement of the facts that you believe indicate an unlawful discriminatory practice. Please write legibly.

I. I was employed at Respondent as an Electric Lineman (as of 2001) from 1999 to 2003 whereupon I suffered injury. I was on injury leave from 2003 to 2007. I was on 'total temporary disability' from 2007 to 2008 (under BWC). I progressed to living maintenance in 2008 and was fully restored to my former good health after surgery (10/07) and rehabilitation by December, 2008. After a functional capacity exam and being released by my doctors, I was expected to be returned to work. My vocational rehab. specialist contacted Respondent to advise of my return date.

II. Even with recommendations from all of my doctors and therapists to return to work with no restrictions, Respondent Safety Service Director denied my return to work because he stated I would likely re-injure myself and due to the costs of a claim.

III. I believe that Respondent has denied my return to work because of perceived disability and a record of disability for the following reasons:

A. Respondent has refused to accept the diagnosis of three medical professionals (medical doctor, surgeon and physical therapist) of my ability to perform the essential functions of my job.

B. With interventions from medical health services agency, I was given a functional capacity exam with job analysis to prove to my employer that I could return to my job. Respondent continued to disallow me to return to work.

C. Respondent advised service agency assistants working with me that he feared me having another injury and the costs.

EXHIBIT

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I declare under penalty of perjury that I have read the above charge and that it is true to the best of my knowledge, information and belief. I will advise the agency(ies) if I change my address or telephone number and that I will cooperate fully with them in the processing of my charge in accordance to their procedures.

Matthew T. Fortkamp 4-17-09  
Charging Party Signature Date

Notary or Ohio Civil Rights Commission Representative

Subscribed and sworn to before me on this

17th day of April 2009

[Signature]  
Notary or Commission Representative

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